CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr Joseph	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Joey Rodriguez	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #. CO 2823 Farragut St, Dallas, TX, 79	ity; state: zip code 5215	NOH/OPED
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(575) 4052501	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms / MRS / MR FIRST Mr Jordan	MI	Receipt # Amount \$
NAME	Mr Jordan		Date Processed
	NICKNAME LAST Eromonsele	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
ADDRESS	105 S Bishop Ave #2306, Dalla	5, 17, 75200	
(Residence or Business)			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(214) 860-7445		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	2 / 16 / 24	THROUGH 3	/ 25 / 24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	1
		Description Special	
	5 / 4 / 24 General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known)	
		Dallas College Boa	rd of Trustees District 7
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CANDI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	En la util aut. Him ill Authorition dieft is th	IET RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL COMMITTEE ADDRESS		•
	SPECIFIC COMMITTEE CAMPAIGN TREA	SURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2			
1	GO 101	AGE &	I

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Eth	nics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT	AL CONTRIBUTIONS (OTHER THAM ANTEES OF LOANS, OR TRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	B UTIONS NS. OR GUARANTEES OF LOANS)	\$	10,440.95		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPEND	ITURES	\$	5,958.06		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O	F THE \$			
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, the	hat the accompanying report is true	e and correct an	d includes all information		
re	quired to be reported by me under Title 15, E	Rection Code.				
		4				
		Signature of Ca	ndidate or Offic	eholder		
	Places comp	lata aither antion helev				
Please complete either option below:						
(1) Affidavit						
(I) Amazait						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by	this the	day	of		
	which, witness my hand and seal of office.			·		
20, to certify	which, whiless my hand and sear of diffice.					
Signature of officer administer	ering oath Printed name of offi	cer administering oath	Title of	officer administering oath		
		OR				
(2) Unsworn Declarati	ion	, -				
My name is Joseph F	Rodriguez	, and my date of birth is				
My address is 2823 Fa		Dallas T.		USA		
	(street)	(city) (state) (zip cod	_,		
Executed in Dallas	County, State of Texas	_, on the 5day of April	. 202			
		1000		ear)		
		Signati de of Candi	toto/Officet alder	(Declarent)		
		organis or Candi	TOTAL CONTINUE NO IGEL	(Deciarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission		sion Filers)		
21		ULE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,440.95
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		s	
4.		SCHEDULE E: LOANS			
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			5,958.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	s	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
Joey Rodi	riguez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Joseph Rodriguez	: (ID#)	7 Amount of contribution (\$)	
02/22/2024	6 Contributor address; City: 2823 Farragut St, Dallas, Texas		60.00	
8 Principal occu Non Profit Dir	pation / Job title (See Instructions) PECTOF	9 Employer (See Instruct	lions)	
Date	Full name of contributor out-of-state PAC	: (ID#)	Amount of contribution (\$)	
02/22/2024	Contributor address: City: 125 Kenshire Dr Benbrook TX	State; Zip Code	150.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Director			ions)	
Date		; (ID#)	Amount of contribution (5)	
02/25/2024	Lila LeCuyer Contributor address: City: 2823 Farragut St, Dallas, Texas	State; Zíp Code	4.96	
Principal occup Non Profit Di	pation / Job title (See Instructions) TECTOR	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	: (ID#)	Amount of contribution (\$)	
02/26/2024	Nicholas Munce Contributor address; City;	State; Zip Code	47.37	
	222 E McDowell Rd Phoenix A	Z 85004		
Principal occup Data Analyst	eation / Job title (See Instructions)	Employer (See Instruct	ions)	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedute A1
Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor cut of-state PAC (ID#_ Jose Carreon		7 Amount of contribution (\$)
02/16/2024	6 Contributor address. City, St. 207 La Estrella Plaza Dallas TX 7	ate. Zip Code	99.26
	Pation / Job title (See Instructions) Relations Manager	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC (IDS)		Amount of contribution (\$)
02/27/2024	Tamara Harrington Contributor address. City. St 740 Pearl St Apt 201 Denver CO 8	ate, Zip Code	250.00
Principal occupation / Job title (See Instructions) VP of Non Profit Employer (See Instructions)			cns)
Date	Full name of contributor Gut-of-state PAC (ID#		Amount of contribution (\$)
02/28/2024	Jimmy Tran Contributor address, City, St 5024 Denton Drive Dallas TX 752		238.07
Principal occup Small Busine		Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC (IDS)		Amount of contribution (\$)
02/28/2024		ate, Zip Code	28.31
	2209 Cornerstone Lane Arlington	TX 76013	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1	
Joey Rodi	riguez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Ben Mackey	(iDk)	7 Amount of contribution (S)	
02/29/2024	6 Contributor address: City: 307 N Polk St Dallas		238.07	
8 Principal occu Executive Dir	***************************************	9 Employer (See Instruct	lions)	
Date		(iDs)	Amount of contribution (S)	
03/01/2024	Contributor address: City. 101 West Davis Street Apt 1502 Dalla		142.73	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date Date	Full name of contributor out-of-state PAC ((ID#)	Amount of contribution (S)	
03/05/0204	Contributor address; City; 1012 Intrepid Court DeSoto TX		95.05	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC ((ID#)	Amount of contribution (\$)	
03/05/2024	Contributor address; City;	State; Zip Code	99.26	
	17603 Pinyon Lane Dallas TX 7	75252		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, so they include time page in the repetition				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1		
2 FILER NAME Joey Rodr	iguez	3 Filer ID (Ethics Commission Filers)		
4 Date 03/05/2024	5 Full name of contributor out-of-state PAC (ID#	9.23		
8 Principal occur Teacher	pation / Job title (See Instructions) 9 Employe	er (See Instructions)		
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#	24.92		
	2123 Ramsey Avenue Dallas TX 75216	110 110 110		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Data Analyst				
Date 03/05/2024	Brianna Hobbs Contributor address: City: State: Zi 5340 Bourquin St Dallas TX 7	9.92		
Principal occup Teacher	pation / Job title (See Instructions) Employee	er (See Instructions)		
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
	5555 E Mockingbird Dallas TX 75206			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Analytics				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Joey Rod	riguez		3 Filer ID (Ethics Commission Filers)			
4 Date 03/06/2024	5 Full name of contributor out-of-state PACE Eliseo Manzo 6 Contributor address; City: 5304 Ashbrook Rd Dallas TX 7	State; Zip Code	7 Amount of contribution (\$) 47.37			
8 Principal occur Teacher	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)			
Date 03/06/2024	Diego Barrera	State; Zip Code (75218	Amount of contribution (\$) 95.05			
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)			ions)			
Date 03/06/2024	Full name of contributor out-of-state PAC Neil Robinson Contributor address; City: 3309 Brunchberry Ln. Plano TX		Amount of contribution (\$) 49.63			
Principal occup Marketing Dir	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 03/07/2024	Full name of contributor out-of-state PAC Leadership for Educational Equity Contributor address; City; 25 Broadway 13th floor New Yo	State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDIU E AS N	FFDFD			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME Joey Rodi	riguez		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2024	Kevin Malonson	State; Zip Code S TX 75214	7 Amount of contribution (\$) 95.05
8 Principal occu Executive Dir	pation / Job title (See Instructions) ector	9 Employer (See Instruct	tions)
Date		(ID#)	Amount of contribution (\$)
03/08/2024	Nicholas Holguin Contributor address. City: 612 Garfield Avenue Apt. 818 Kansa		18.77
Principal occup College Stude	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/08/2024	Michael Fediw	State; Zip Code	Amount of contribution (\$) 99.26
Principal occup Doctor	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/08/2024	Full name of contributor out-of-state PAC David Lynch Contributor address; City;	State; Zip Code	Amount of contribution (\$)
03/08/2024 Contributor address; City: State: Zip Code 29.79			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)
4 Date	Whitney Hurwitz	(ID#)	7 Amount of contribution (\$)
03/08/2024	6 Contributor address; City; 9005 Longmont Drive Dallas TX	State; Zip Code	99.26
8 Principal occu Principal	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date		(ID#)	Amount of contribution (\$)
03/09/2024		State; Zip Code	99.26
	5748 N Hermitage Unit 211 Chic	cago IL 60660	
Principal occup Managing Dir	ector (See Instructions)	Employer (See Instruct CME Group	ions)
Date		(ID#)	Amount of contribution (S)
03/09/2024	Kate Hoffman Contributor address; City;	State; Zip Code	248.17
	3209 Armstrong Avenue Dallas		_ 10.17
Principal occup Non Profit Di	eation / Job title (See Instructions) Cector	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
03/10/2024	Marguerite Hoffman Contributor address; City:	State; Zíp Code	953.20
	9963 Rockbrook Drive Dallas T		933.20
Principal occus	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Art Collector			

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME Joey Rodr	riguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Knikole Taylor	(ID#)	7 Amount of contribution (\$)
03/12/2024	6 Contributor address: City: 1001 Sink Street Cedar Hill TX	1	47.37
	1001 Sink Street Gedar Fill 12	75104	
	pation / Job title (See Instructions) Technology Coordinator	9 Employer (See Instruct	tions)
Date	_	(ID#)	Amount of contribution (\$)
03/12/2024	Nema LeCuyer		05 05
03/12/2024	Contributor address; City;	State: Zip Code	95.05
	7415 Northridge Avenue Northeast Albuque	erque NM 87109	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pastor			ions)
Date		; (ID#)	Amount of contribution (\$)
03/12/2024	Debbie Renteria		00 00
00/12/2024	Contributor address; City;	State; Zip Code	99.26
	532 Harvest Glen Dr. Richards	on TX 75081	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)
00/10/0004	Jeremy Rodriguez		0.00
03/12/2024	Contributor address; City;	State; Zip Code	9.92
	2916 Percheron Dr. Mesquite	TX 75150	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Developmen	t Director		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Joey Rodi	iguez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Elizabeth Serrano	(ID#)	7 Amount of contribution (\$)		
03/12/2024	6 Contributor address; City;		37.84		
	3775 S Camfield Ave Apt 5 Los Ange	elas CA 90034			
8 Principal occu Nurse	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date		(ID#)	Amount of contribution (\$)		
03/12/2024	Matthew Berger		0.00		
	Contributor address; City;		9.23		
	28 Locust St EVERETT	MA 2149			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date		(IDs)	Amount of contribution (\$)		
03/12/2024	Taylor Thomkins		0.00		
OUT FEETENSEE .	Contributor address; City;		9.92		
	4340 Cedar Springs Rd. #103 Dallas	TX 75219			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		(ID#)	Amount of contribution (\$)		
03/12/2024	Anthony Hernandez	~ ~ ~ ~ ~	10 60		
	Contributor address: City:	State; Zip Code	49.63		
	6017 Wormar Ave. Fort Worth				
Principal occupation / Job title (See Instructions) Executive Director Employer (See Instructions)			ions)		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1;		
2 FILER NAME Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID# Kathy Jones		7 Amount of contribution (\$)		
03/12/2024	6 Contributor address: City. State 1406 South Montreal Avenue Dallas TX	e; Zip Code	24.82		
8 Principal occup Retired	pation / Job title (See Instructions) 9 En	nployer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
03/12/2024	Dionna Matlock Contributor address: City: State 5209 Bald Cypress Lane McKinney		49.63		
Principal occup Non Profit Di		tions)			
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
03/13/2024	3/13/2024 Nancy Bowdry Contributor address; City: State: Zip Code 1909 Touch Gold Court Rowlett TX 75088		95.05		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
03/13/2024	Lisa Kraus Contributor address; City; State 4906 Shadywood Lane Dallas TX	e: Zip Code	496.34		
Principal occup	pation / Job title (See Instructions)	mployer (See Instruc	ctions)		
rictiou					
ATTACK ADDITIONAL CODIES OF THIS SCHEDING AS MEEDED					

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME Joey Rodi	iguez		3 Filer ID (Ethics Commission Filers)		
4 Date	John Horaney	: (ID#)	7 Amount of contribution (\$)		
03/13/2024	6 Contributor address; City; 5012 Les Chateaux Drive Apt 126 D	State; Zip Code	99.26		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date		(ID#)	Amount of contribution (\$)		
03/13/2024	Contributor address; City; 5304 Ashbrook Rd Dallas TX 7	State; Zip Code	47.37		
Principal occup Teacher	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)		
03/14/2024	Alap Dave Contributor address; City; State; Zip Code 3187 Normandy Brook Rd Dallas TX 75212		23.53		
Principal occup Policy Resea	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		: (ID#)	Amount of contribution (\$)		
03/14/2024	Contributor address; City;	State; Zip Code	49.63		
1003 Avondale Drive Las Cruces NM 88005					
Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1						
2 FILER NAME Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)			
4 Date 03/14/2024	5 Full name of contributor out-of-state PAC (ID) Cynthia Gudiel 6 Contributor address, City.	State, Zip Code	7 Amount of contribution (\$) 47.37			
	1500 Pecos Street Apt 7 Dallas T	X 75204				
8 Principal occur Executive Dir		Employer (See Instruction	ions)			
Date	Full name of contributor cut-of-state PAC (ID		Amount of contribution (\$)			
03/14/2024	Abraham Hernandez		18.77			
1752	Contributor address; City; 2321 16th Place Kenosha WI 53	10.77				
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (ID)s)	Amount of contribution (\$)			
03/14/2024	Contributor address; City;		99.26			
	411 W Commerce St apt 420 Dallas T					
Self Employe	d detailed (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (IC	D#)	Amount of contribution (S)			
03/15/2024	Domingo Garcia Contributor address; City;	State; Zip Code	953.20			
1111 W Mockingbird Ln Suite 1200 Dallas TX 75247						
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instruct	tions)			

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete	1 Total pages Schedule A1:	
2 FILER NAME Joey Rodi	riguez		3 Filer ID (Ethics Commission Filers)
4 Date	Tiffany Self	ate PAC (ID#)	7 Amount of contribution (S)
03/15/2024	6 Contributor address; City;	State; Zip Code	49.63
	2007 Moser Ave #134 Dalla	as TX 75206	
8 Principal occu Non profit dire	pation / Job title (See Instructions) ector	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-sta	ate PAC (ID#)	Amount of contribution (\$)
03/18/2024	Albert Mata Contributor address; City: 101 West Davis Street Apt 1502	State; Zip Code	142.73
Principal occupation / Job title (See Instructions) Data Engineer		Employer (See Instruc	ctions)
Date	Full name of contributor out-of-sta	ate PAC (ID#)	Amount of contribution (\$)
03/18/2024	Contributor address; City;	State; Zip Code	99.26
	6138 Woodland Dr Dallas T	X 75225	
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See Instruc	ations)
Date	Full name of contributor out-of-sta	ate PAC (ID#)	Amount of contribution (\$)
03/18/2024	Michael Baughman Contributor address; City;	State; Zip Code	142.73
	912 Lausanne Ave Dallas 1		diam's
Executive Dir	pation / Job title (See Instructions)	Employer (See Instruc	aions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor out-of-state PAC Mellisia Hance 6 Contributor address. City, 2152 Barberry Dr Dallas	7 Amount of contribution (\$) 47.37	
8 Principal occup Manager	pation / Job title (See Instructions)	9 Employer (See Instruc Costellation Brands	
Date		(ID#)	Amount of contribution (\$)
03/20/2024	Joseph Rodriguez Contributor address: City: 2823 Farragut Street Dallas T		992.71
Principal occupation / Job title (See Instructions) Employer (See Instru Non Profit Director			tions)
Date 03/21/2024	Yaw Asante-Bio Contributor address; City, 5014 Sandestin ct. Garland TX	State, Zip Code	Amount of contribution (\$) 47.37
Principal occupation / Job title (See Instructions) Non Profit Director		Employer (See Instruc	tions)
Date 03/21/2024	Alicia Mitchell	State; Zip Code	Amount of contribution (\$)
	2464 Highland Road Apt B Dal		9.92
Principal occupation / Job title (See Instructions) Non Profit Manager		Employer (See Instruc	tions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1:				
2 FILER NAME Joey Rodr	iguez		3 Filer ID (Ethics Commission Filers)			
4 Date 03/22/2024	5 Full name of contributor out-of-state PAC (IDE Patricia Arvanitis 6 Contributor address; City; S 3727 Princess Lane Dallas TX 75	7 Amount of contribution (\$) 142.73				
8 Principal occup Self Employe		Employer (See Instruc	tions)			
Date 03/23/2024	Full name of contributor out-of-state PAC (IDA Kevin Kilgour Contributor address; City; 5 3939 South View Point Terrace Apt 2B Portland	State; Zip Code	Amount of contribution (\$) 47.37			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (IDA Contributor address; City; S	State; Zip Code	Amount of contribution (\$)			
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (IDA Contributor address; City;	State; Zip Code	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dionations Made By
Candidate/Dionation

Event Expense Fees Food/Beverage Expense Grl/Awards/Memorials Expense Legal Services Loan Repayment/Rembursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation: Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Joey Rodriguez		3 Filer ID (Ethics	Commission Filers)	
4 Date 03/07/2024	5 Payee name Bank of Texas				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1.50	4262 Live Oak St Dallas TX 75204				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Fees	Banking Fees			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, TX, officeholder fiving	expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/05/2024	Digital Inspiraton				
Amount (\$)	Payee address;	City;	State;	Zip Code	
49.95	Bank of Baroda Building Agra Uttar Pradesh 282004 INDIA				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Bulk Email Se	rvice		
EXPENDITURE					
	Check if travel outside of Texas Complete Schedule T	Check if Austi	n, TX, officeholder Inving	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/06/2024	Leadership for Educational Equity				
		City:	State:	Zip Code	
Amount (\$)	Payee address; 25 Broadway 13th floor New York NY		witte,	Elp Godo	
1,100.00	LO DIOGONAY TOTT TOTT TOTT				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Ser	vices		
	Check if travel outside of Texas Complete Schedule T	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expense of listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide expl		tages/Contract Labor omplete this form.	Other (enter a	categor	y not listed above)
1 Total pages Schedule F1:	2 FILER N. Joey Ro				3 Filer ID	(Ethics	Commission Filers)
4 Date 03/15/2024	5 Payee na Squares	me pace INC					
6 Amount (\$)	7 Payee ac	dress;		City;	Sta	te;	Zip Code
12.00	Squares	pace INC 8 Clarkson	n St, New	York NY, 100	14		
8	(a) Categor	y (See Categories listed at the top of t	his schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Campaign We	bsite		
	(c)	Check if travel outside of Texas, Complete	e Schedule T.	Check if Austi	n, TX, officehold	er tiving (expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		(Office held
Date	Payee na	me					
03/15/2024	Squares	pace INC					
Amount (\$)	Payee ac	dress;		City;	Stat	te;	Zip Code
35.18	Squares	pace INC 8 Clarkso	n St, New	York NY 1001	4		
		(See Categories listed at the top of the	is schedule)	Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Campaign We	bsite		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		C	Office held
Date	Payee na	ame					
03/15/2024	Texas V	AN					
Amount (\$)	Payee ac			City;	Sta	te;	Zip Code
1,100.00	655 15th St. NW, Suite 650 Washington DC, 20005						
	Category	(See Categories listed at the top of the	is schedule)	Description			
PURPOSE OF EXPENDITURE	Consulti	ng Expense		Online Voter F	lle		
		Check if travel outside of Texas Complete	e Schedule T.	Check if Austi	n, TX, officehold	er living (эхрепяе
Complete ONLY If direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Roimbursement Solicitation/Fundraising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Feas Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Joey Rodriquez 4 Date 5 Payee name 03/18/2024 Think With Ink 6 Amount (\$) City; State: Zip Code 7 Payee address; 2703 National Pl Garland TX 75041 252.16 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Printed Push Cards PURPOSE Printing Expense OF **EXPENDITURE** (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Deinde Group 03/20/2024 Amount (\$) City; State: Zip Code Payee address; 2820 Reagan St Apt 102 Dallas TX 75219 750.00 Category (See Categories listed at the top of this schedule) Description Consulting Expense Field Strategy **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/22/2024 District Attorney Amount (\$) Pavee address: City: State: Zip Code 1520 Round Table Dr. Dallas TX 75247 252.16 Category (See Categories listed at the top of this schedule) Description PURPOSE OTHER Voter Files OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joey Rodriguez 4 Date 5 Payee name 03/22/2024 **PSVJ JPMC** 6 Amount (\$) 7 Payee address; City: State: Zip Code 1900 N Akard St 5th Floor Dallas TX 75201 2.95 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fees Fees **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City: State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED